Trauma-Informed Care

IN KENTUCKY

Safety • Individual Choice • Empowerment

Overview

- Definitions

- Prevalence

- Understanding Trauma: Its Consequences and Impact

- Trauma-Informed System of Care

Trauma is a Public Health Concern

❖ "It has become more clear than ever psychological trauma is a primary — but often ignored or overlooked — factor of health (both physical and mental)... this presents a public health crisis in the United States that needs to be addressed immediately."

From a letter (9-29-06) to President Bush
the House Bipartisan Caucus on Addiction, Treatment, and Recovery

A Paradigm Shift

Frank and Ernest — OH WOW! PARADIGM SHIFT! THEAVES

- Not simply about trauma-awareness; but trauma informed

- Shifts how we see our clients

  - What happened to you

  - Rather than what's wrong with you

- Shifts how we see their symptoms

  - Strength-based/recovery oriented

  - Rather than inherently pathological
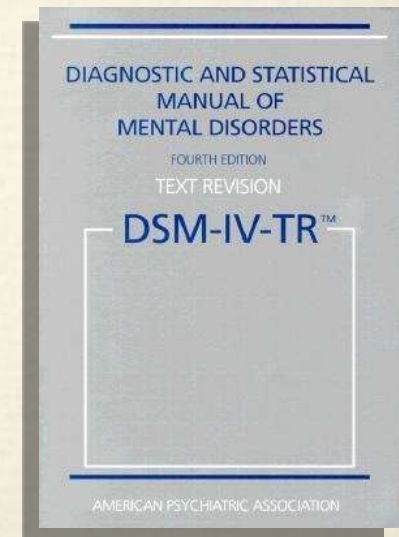
- Shifts how we go about providing services
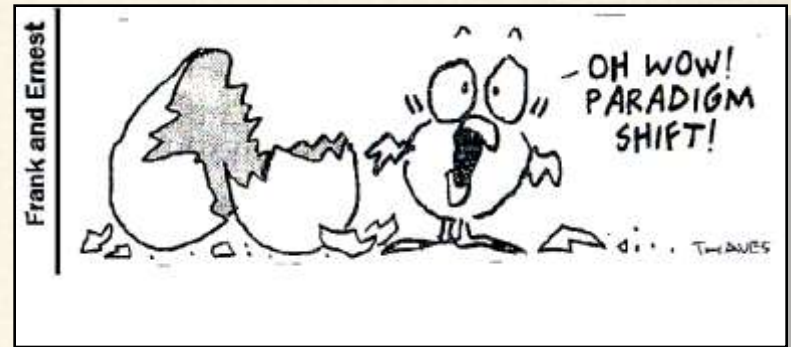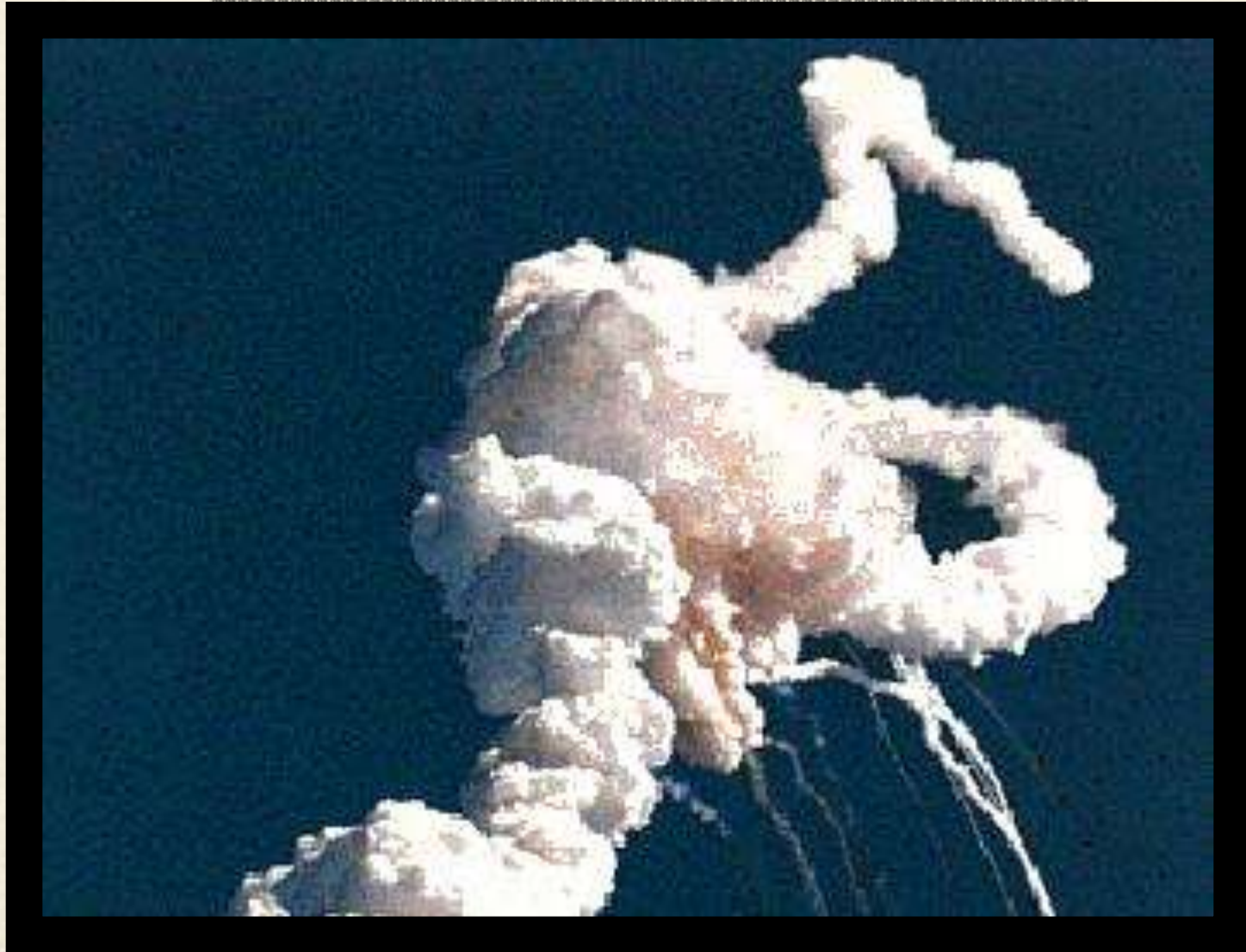
What is trauma?

What is Trauma?

- DSM IV-TR ----PTSD

  - Defines "traumatic event" as one in which "a person experienced, witnessed or was confronted with an event(s) that involved actual or threatened death or serious injury or threat to the physical integrity of self or others".

  - The person's response involved intense fear, helplessness or horror

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FOURTH EDITION
TEXT REVISION

DSM-IV-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

Can you identify this picture?

How does this impact you?

What is trauma?

✦ "Traumatization occurs when both internal and external resources are inadequate to cope with the external threat" (Van der Kolk, 1989)

✦ Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.

Types of trauma resulting in serious persistent mental health problems:

- Complex trauma- "a psychiatric condition that officially does not exist, but which possibly constitutes the most common set of psychological problems to drive human beings into psychiatric care" (Van der Kolk, 2009)
- Are usually not a "single blow" event e.g. rape, natural disaster
- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Often occur in childhood and adolescence and may extend over an individual's life span
  - Re-victimization

(Terri, 1991; Giller, 1999)

Trauma: Prevalence and Consequences

Problem

* Until recently, trauma exposure was thought to be unilaterally rare (combat violence, disaster)

* Trauma has not been recognized as a part of the daily, regular, experience of many individuals

* The profound linkage between trauma and child development and the disruption of physical and emotional health has not been fully recognized

What prevalence data tells us?

- The majority of adults and children in psychiatric treatment settings have trauma histories

- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety

(Hodas, 2004, Cusack et al., 2005, Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

What prevalence data tells us?

❖ A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories

❖ Individuals who have experienced trauma are found across the entire system of care

❖ Trauma history often goes undetected

❖ Trauma increases the use of physical health and mental health services

(Hodas, 2004, Cusack et al., 2005, Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

What prevalence data tells us?

* Individuals with disabilities are over 4 times as likely to be victims of crime as the non-disabled population

* Sexual abuse incidents are almost 4 times as common in institutional settings as in the community

* One of 30 cases of sexual abuse of persons with developmental disabilities is reported as opposed to one of 5 in the nondisabled community

Lack of Detection Among CMHCs

- Trauma exposure and PTSD often goes undetected
  - (Mueser et al. 1998)--prevalence of PTSD across 4 CMHCs was 43%, yet PTSD had been documented in only 2% of cases
  - (Cusack et al., 2006) Out of 142 participants with SMI--day program, some of the MOST functionally impaired
    - 87% lifetime rate of exposure to trauma
    - 28% chart documentation of trauma hx

The Adverse Childhood Experiences (ACE) Study

- It is the largest study ever done to look at the health and social effects of these childhood experiences throughout the lifespan (17,421 participants)

- Compelling evidence that ACEs have long-term, damaging consequences.

CDC
Department of Health and Human Services
Centers for Disease Control and Prevention
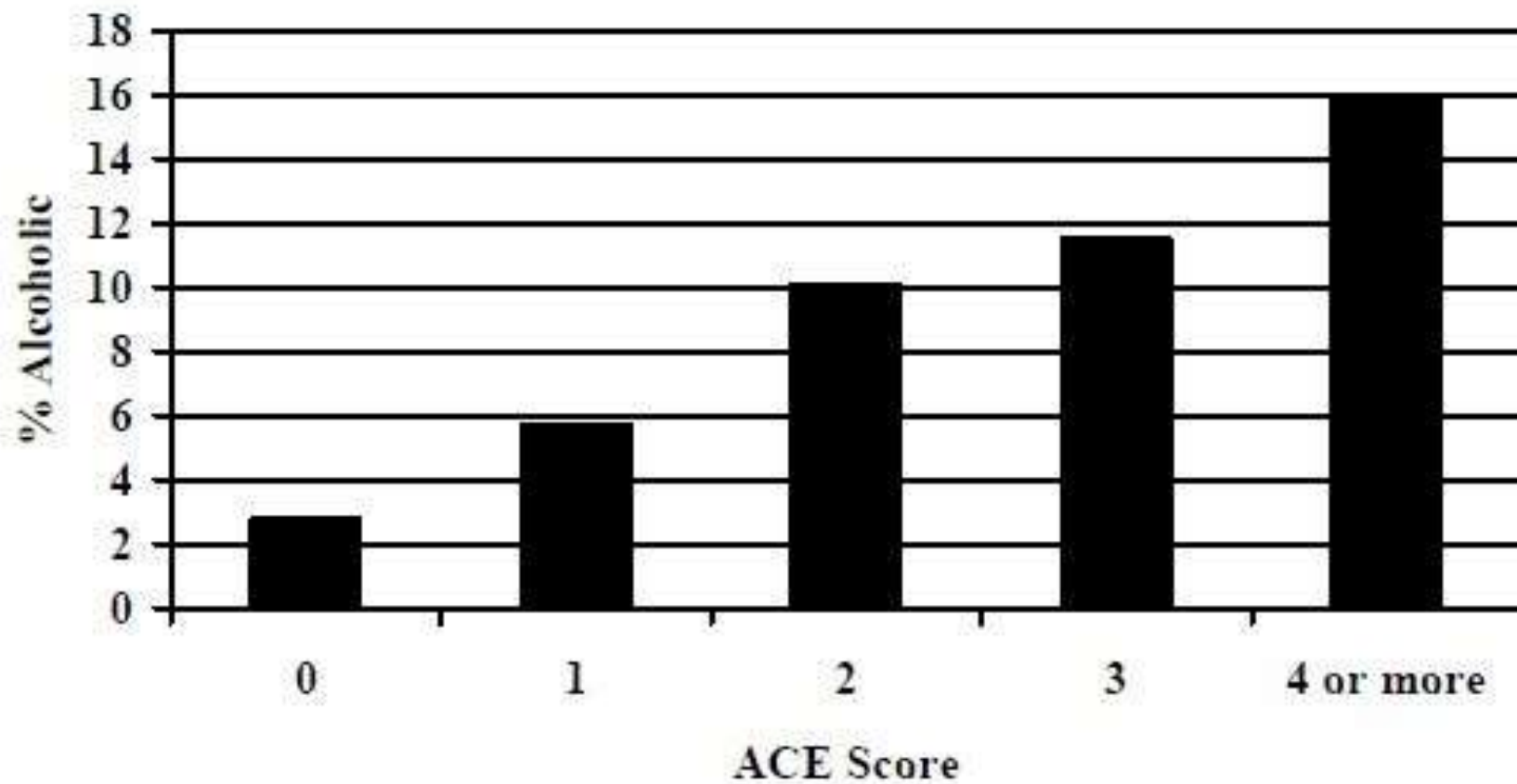
Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study

The Study asks 10 questions about the following:
- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Alcohol/Drug Abuse
- Domestic Violence
- Mental Illness
- Loss of Parent
- Physical Neglect
- Emotional Neglect

ACE Score vs. Adult Alcoholism

Long Term Consequences

Jeremy Wade Delle

- On January 8, 1991 in Richardson,TX 16-year old Jeremy Wade Delle--a troubled, beaten, battered and bullied young man entered english class and spoke
- He pulled the trigger of a .357magnum and ended his life in front of his peers
- Jeremy's pain had spoken
- Early childhood trauma is never without impact!

**4 ACEs or more:
Depression 460%
Suicide 1,220%**

Consequences of Trauma

- Effects are neurological, biological, psychological and social in nature, including:

    - Changes in brain neurobiology

    - Social, emotional and cognitive impairment

    - Adoption of health risks behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence)— tension reduction behaviors

    - Severe and persistent behavioral and physical health issues, social problems and early death

Therefore...

We need to presume the clients we serve have a history of traumatic stress and exercise "universal precautions" by creating systems of care that are trauma informed. (Hodas, 2004)

The Impact of Trauma

Factors Influencing Complication

- Age and developmental stage
- Perception of the danger faced
- Whether the person was the victim or a witness
- Relationship to the victim or perpetrator
- Past experience with trauma
- The adversities the person faces following the trauma
- The presence/availability of others who can offer help and safety

The Comprehensive Impact

* When we are uninformed about trauma, we can inadvertently re-traumatize

* Whether or not a given event evokes a trauma response, particularly with children, greatly depends on the response of caregivers

* Each service provider an individual comes into contact with after a trauma event can either hinder, harm or help stimulate healing

The Comprehensive Impact

- Trauma exposure can re-organize a person around the traumatic event

- Trauma exposure becomes both the defining and organizing experience that forms the core of a person's identity

- A whole new meaning system develops which informs and guides attempted coping strategies
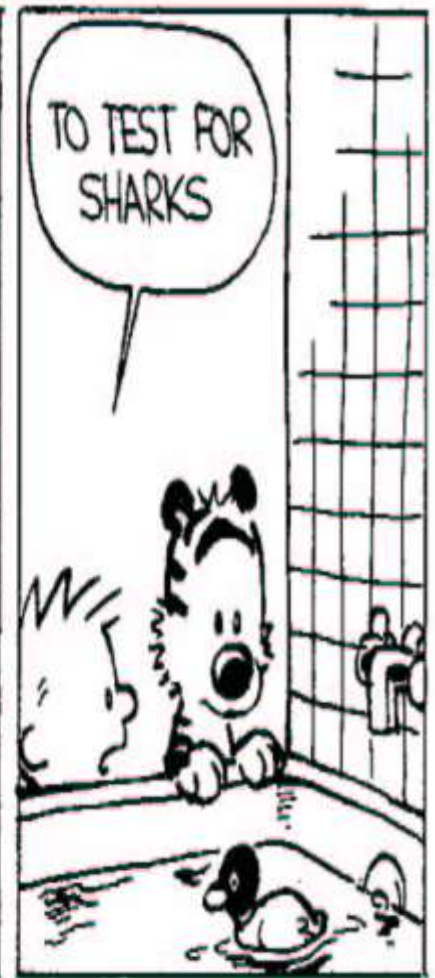
- Trauma changes the whole person not just in particulars

Trauma changes your world view

What is the impact of traumatic stress on behavior?

Symptoms/Signs

* Anxiety, fear, and worry about safety of self and others

* Decreased attention and/or concentration

* Increase in activity level

* Change in academic performance

* Irritability with friends, teachers, events

* Angry outbursts and/or aggression

* Withdrawal from others or activities

Symptoms/Signs

- Increased physical complaints

- Over- or under-reaction to sounds, smells, touches, sudden movements

- Re-experiencing the trauma

- Avoidance behaviors

- Emotional numbing

- Substance abuse

Individuals who have experienced traumatic events may have visible signs

or their distress may not
be apparent at all.

Trauma and the Brain

Practical Relevance

Symptoms and behaviors demonstrated by individuals who have been traumatized, for the most part, reflect **physiological and experiential responses that are not intentional in nature**.

Often those who work with these individuals "have a tendency to deal with their frustration by retaliating in ways that often uncannily repeat the child's earlier trauma" (van der Kolk , 2003)

Lateral Ventricles Measures in an 11 Year Old Maltreated Male with Chronic PTSD, Compared with a Healthy, Non-Maltreated Matched Control
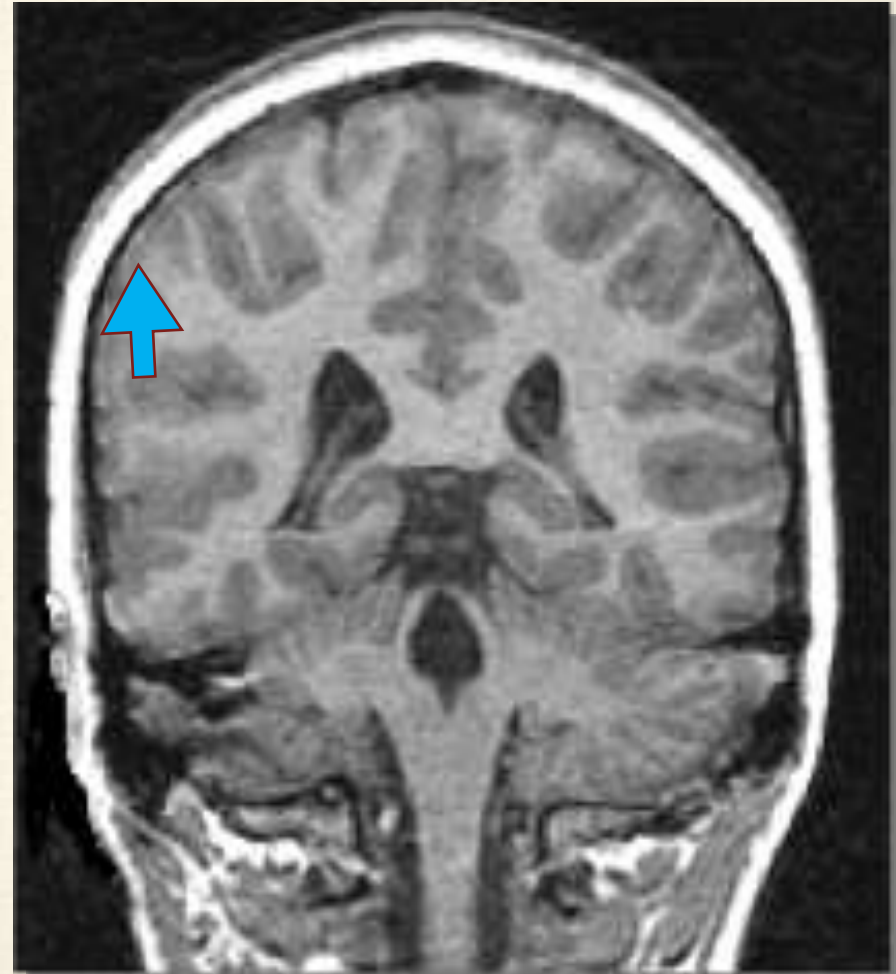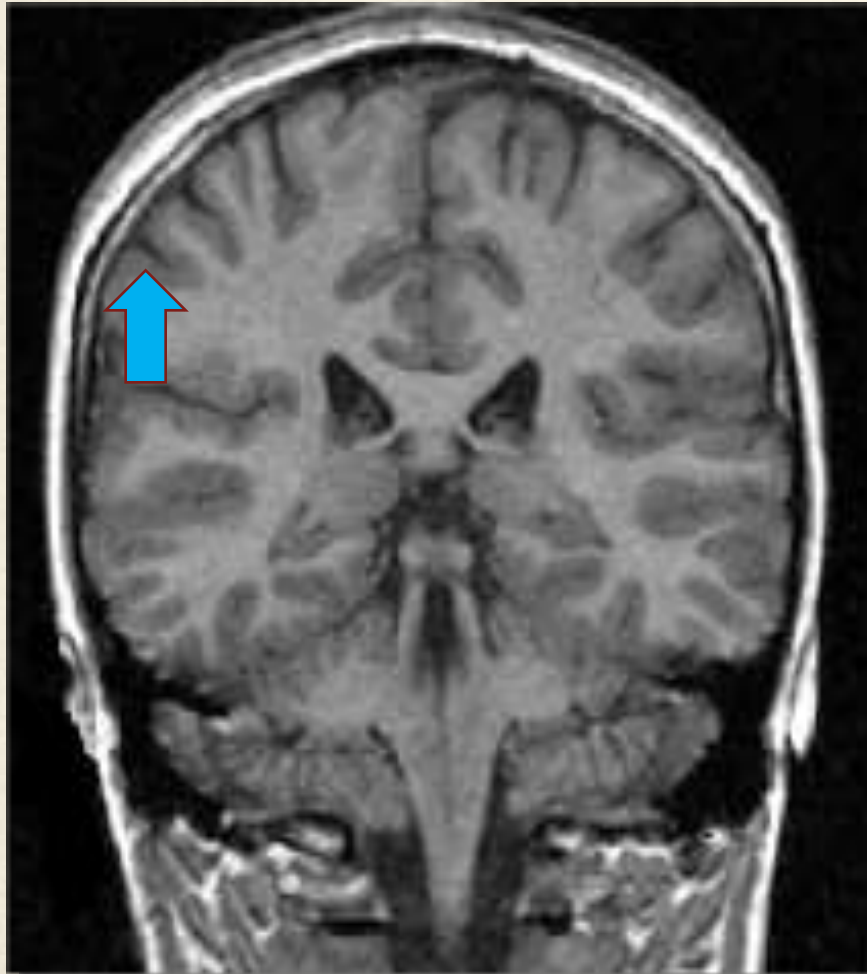
(De Bellis et al., 1999)

Fear Response

- Active "fight-or-flight" or hyperarousal response

- Passive response, known as the surrender response, which involves varying degrees of dissociation – "disengaging from stimuli in the external world and attending to an 'internal' world" (Perry et al, 1995).

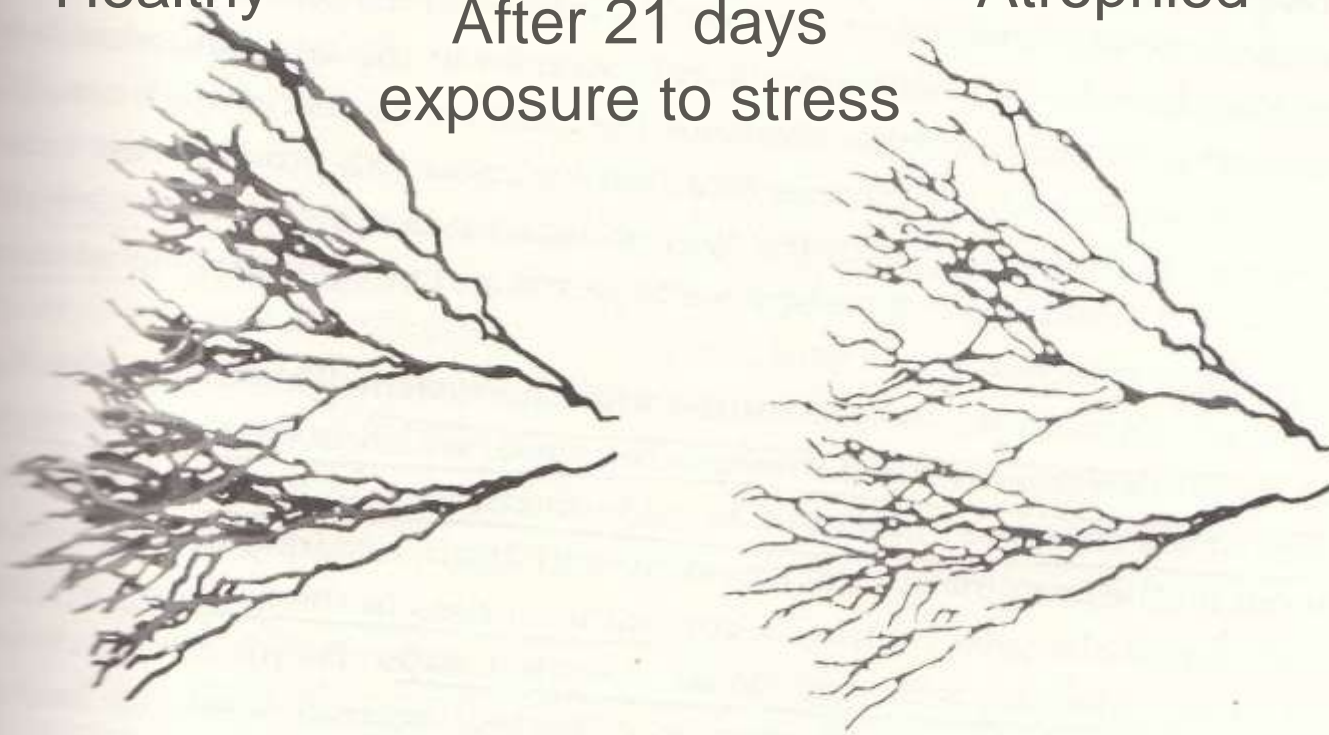- Each of these are of adaptive benefit to the organism and promote human survival.

Fight, Flight, Freeze

Healthy

After 21 days exposure to stress

Atrophied

Neurons from a rat hippocampus, before and after a stress induction experiment; Richard O'Conner, "Undoing Perpetual Stress"

Compassion Fatigue
or
Vicarious Trauma

Anyone who works directly
with individuals
who have been
traumatized
is vulnerable to the
effects of trauma.

Beware of the Signs

- <u>Emotional</u>: anger, sadness, prolonged grief, anxiety, depression

- <u>Physical</u>: headaches, stomachaches, lethargy, constipation

- <u>Personal</u>: self-isolation, cynicism, mood swings, irritability with spouse/family

- <u>Workplace</u>: avoiding clients, missed appointments, tardiness, lack of motivation, moodiness/irritability with clients

Beware of the Signs

* Increased irritability or impatience with clients

* Decreased concentration

* Feeling numb/detached – denial of traumatic events

* Intense feelings/thoughts/dreams over time about a client's trauma

Other Tips for Professionals

- Don't go it alone

- Recognize compassion fatigue as an occupational hazard

- Seek help with your own traumas

- If you see signs in yourself, talk to a professional

- Attend to self-care

Trauma – In a Nutshell

* Exposure to trauma is the rule rather than exception.

* Consider that many individuals bring a lifetime history of trauma (acute and chronic) which impacts their current situation.

* This history often results in change in brain structure and function.

Trauma Informed System of Care

Imagine...

- A place where people ask "what happened to you" instead of "what's wrong with you?"

- A place that understands that trauma can be re-triggered.

- A place committed to supporting the healing process while ensuring no more harm is done.

Trauma-Informed Care

- It involves the provision of services and interventions that FIRST do not inflict further trauma on an individual or reactivate traumatic past experiences

- A "Universal Precautions" approach to care

- One that helps an individual to heal

Trauma-Informed Care

•It means making a commitment to changing the practices, policies and culture of an entire organization – changing a program's culture.

•Staff at all levels and all roles modify what they do based on an understanding of the impact of trauma and the specific needs of trauma survivors.

Trauma-Informed Care

- Awareness/training on re-traumatizing practices

- Institutions that are open to outside parties: advocacy and clinical consultants

- Training and supervision in assessment and treatment of people with trauma histories

(Fallot & Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al.; Jennings, 1998; Prescott, 2000)

Trauma-Informed Care

"A human services or health care system whose primary mission is <u>altered by virtue of knowledge about trauma</u> and the impact it has on the lives of consumers receiving services"
~Maxine Harris

Take Home Message

- **Trauma** is a pervasive issue. Many individuals who receive behavioral health services have been exposed to traumatic events.

- **Trauma-informed care** recognizes the pervasiveness of trauma and commits to identifying and addressing trauma issues early.

- **Trauma-Informed agencies** provide services that do not re-traumatize folks and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments..

- Responding to individuals in a trauma-informed manner is crucial to overall health and must be a priority.